October 2-3, 2008
Toolbox Training Wall Notes

Technical Assistance needed for rollout

- Recruitment package (letter template)
- Recruitment talking points – "start project in 2009"
- Need pre-talking points – to advertise opportunity
- Assessment form
  - Existing componets of toolkit
  - What is already in place at practice
- How to move ahead – if appropriate – with practices that are ready to go
- Capacity study of facilities that offer colorectal screening
  - Need to address as talking point with providers
  - Add question: to whom to you refer for colorectal screening
  - Coordinators would like to know providers in region
- Talking point – goal to make provider job easier
- Question for assessment
  - Time allocating for new acute check-up
  - Can it be restructured?
- Talking points about evaluation

Other things needed
Resources/Ideas

- Conference call for providers who are interested
  - Dr. Brouwer will speak to providers from position of someone who has been through the process at his office.
- Possible webinar for interested providers
  - PDF/reference in recruitment letter website

Assessment Questions

- What is the follow-up procedure for colorectal cancer screening?
- How to assess if provider buys into ACS guidelines?
  - Paradigms of doctor/patient role
- What type of practice?
- What info on ACS/CDC/Cancer trajectory does provider or practice have/need?

Patient Visit Tracking

1. Call office to make appointment
2. Self-identify why you need appointment
3. Are you already a patient? If not, need to make new patient appointment.
   - Can be a barrier
   - Who is seeing new patients – start over
4. Schedule appointment
5. Go to doctor's office at scheduled time
6. Front Desk
   - Fill out info form (10-15 mins)
     - Insurance
     - Medical Hx/Personal & Family
     - HIPAA
     - Emergency contact
7. Give form to front desk
8. Wait _ Read magazines – look around
   - What is the opportunity here?
9. Called in by nurse or medical assistant
10. Taken to exam room/vitals (weight, blood pressure, pulse)
    - Who takes vitals? LPN, RN, MA, Tech
11. Person taking vitals asks some questions
    - Why here?
    - Allergies
    - Might look at patient history
    - Might flag items for provider
    - Opportunity: Can ask preventive questions/history can flag information needed for provider opportunity for education (age appropriate, circumstances, current issues-flu season)
12. Provider come in – Policy/Tools serve as reminders for providers
    - Review history
    - Provider asks questions
    - Place to ask about preventive screenings
    - Observation
      - Different if you are an established patient
      - Why you are there – provider answers patient issues

<u>Point:</u> What happens at what kind of visit – How much time is needed/allotted

13. Follow up on recommendations/referrals
    - Opportunities
    - Assessment questions

Panel – Recruitment Strategies

Dr. Barb Lloyd

- Public health role/Provider role
- Offer: Systems Improvement
  - Evidence-based/tailored to practice
  - Better patient outcomes
  - Better service

  } Especially for colorectal cancer – but transferable to other issues
- Market to office manager and/or staff
  - Be clear and concise regarding offer
  - What you are offering/what is needed from them
  - Minimal level of participation defined (can do more…)
  - **Be clear – Find contact**

Dr. Mona Sarfaty

- Find point of contact
  - Use humor ("Believe it or not, but public health is here to help you")
  - Create a relationship
- When talking to clinic emphasize importance of provider recommendation as the most influential factor for patient behavior change
  - Providers need to hear this
- Use the institutions that support project. LOTS of support
  - Part of state-wide program/national level interest
- If you want…we are here to help…to "tweak" office system not change
  - 6 month period, outline timeline
- Why we are implementing the toolbox/Who supports the toolbox
- End result = more recommendations to patients
- Non-threatening
- Use steps – if more interest go further
  - 500 caseload – 5 might have CRC. 1% of people over 50 – CRC incidence

Jean Raw – Clinical RN

- Treat with respect and acknowledgement
- Communication with MD important
- Consider time constraints of MD's
- Show up to meeting – have ducks in a row. Concise.
  - Sets a standard that is invaluable
- Not uncommon for patients to drive 100 miles for appointment – MD is responding to patient needs
- Not coming in as a know-it-all
- State facts

Dr. Lawrence Brouwer

- Join with goal of excellence (this is what you're selling) on providers part
  - Toolbox is a means to do this
- Emphasize preventability of disease
- ☆ Figure out who will push project forward – Who will sell it to rest of practice. This is very important
  - Office leadership varies
- Toolbox is applicable to other type of disease management "in this day of pay for performance" good selling point
  - Pilot project/cutting edge
  - Info/results might help to get MT to legislate coverage of CRC screening
  - Might be research article – dissemination of results
- Especially helpful for small, rural offices
- Dr. Brouwer will speak with potential recruits
- DO NOT appear to tell office how to run practice
- EMR may not be used to the extent it could for tracking
- Assess whether or not provider buys into ACS guidelines
- Respect paradigm of office
- EMR creates better network of info regarding patient
- What is the time commitment for provider and staff?
  - Dr. Brouwer could speak to this with specific providers if need be

Lindsey Krywaruchka

- CHC wrote a grant for EMR system for several CHC's to be on same system
- Opportunity for tracking/reminders for screening
- Vendor creates EMR system based on needs of office
  - Can create the reminder system
- Algorithm for reminder system
- Check in office that has EMR system for lead MD or IT person. They will know a lot about it – what it can be used for and how to move forward if change is desired.

Systems standpoint – having reminder system in EMR does not guarantee that the office uses it. Importance of office policy.

- Offices <u>will vary</u> as to uses of EMR
- Offices and local hospital systems may not be able to interface – again <u>varied</u> uses

AAFP reviews EMR systems – American College of Physicians too.

Medical providers use Health Maintenance tab and recall system

- Flags patients who need preventive tests

<u>Possible Idea:</u> System change at vendor level – pressure from MTCCC possibly to get lower costs for EMR's statewide.

Sue Warren
Consumer Focus

- Small article in Triumph (ACS) about informed patients/CRC/Correlation to improved screening rates
- Provider is change agent
- Where are we intervening in cancer trajectory
  - early detection/screening/prevention
- Assess what info practitioner has/needs
- Small practice: Have to contact provider, Address letter to provider (and office manager)
- Timing is everything
  - Intro letter – 1 week out
- Keep it short (1 page) – "I will follow up with call in a week"
  - ID self and project paragraph. Bullet points
- Letter will mean two different things to provider/manager
- Does not feel like cold call, with letter lead-in
- Sensitivity to time – production model in office
  - Keep first visit less than 20 minutes
  - Be on time! Listen
  - Cover main points – be prepared, have script
- Fall/Winter – very busy time for clinics
  - Be clear that project won't start until later
  - End of calendar year can cause patients to make more appointments to take advantage of having met deductible or flex spending account
- Possible reference tool/take home – ACS CRC pledge card – Colon Cancer Free Zone
- ACS patient small media
- If office manager is not nurse – get to physicians lead nurse
- Dr. Brouwer likes PolypMan poster from ACS
- Communication feedback loop – follow up calls, follow up calls, follow up calls
- Careful not to mix your role as a patient and a coordinator when talking with MD
- Some large clinics have a MD lead
  - Send letter to all MD's in practice along with lead MD
- Follow up thank you letter to physician who accepts and for those who don't or who you don't choose